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B22A (Official Form 22A) (Chapter 7) (04/13)

In re Jeri L Estok	
Debtor(s)	According to the information required to be entered on this statement
Case Number: 14-18689	(check one box as directed in Part I, III, or VI of this statement):
(If known)	☐ The presumption arises.
	■ The presumption does not arise.
	☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
IA	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. ☐ I was called to active duty after September 11, 2001, for a period of at least 90 days and ☐ I remain on active duty /or/ ☐ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	 b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/ ☐ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

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	Part II. CALCULATION OF MO	ON	THLY INCO	OM	IE FOR § 707(b)(7) E	XCLUSION	
	Marital/filing status. Check the box that applies ar	nd co	omplete the bala	ance	of this part of this state	men	t as directed.	
	a. Unmarried. Complete only Column A ("De	ebto	r's Income'') fo	or L	ines 3-11.			
2	 b. Married, not filing jointly, with declaration of "My spouse and I are legally separated under a purpose of evading the requirements of § 7070 for Lines 3-11. 	appli	icable non-bank	rup	tcy law or my spouse an	d I a	re living apart of	ther than for the
	c. \square Married, not filing jointly, without the declar ("Debtor's Income") and Column B ("Spou					abo	ove. Complete b	oth Column A
	d. \square Married, filing jointly. Complete both Colu					'Spo	use's Income'')	for Lines 3-11.
	All figures must reflect average monthly income recalendar months prior to filing the bankruptcy case,						Column A	Column B
	the filing. If the amount of monthly income varied						Debtor's	Spouse's
	six-month total by six, and enter the result on the ap			,	you must divide the		Income	Income
3	Gross wages, salary, tips, bonuses, overtime, con	nmi	ssions.			\$	6,250.00	\$
	Income from the operation of a business, profess							
	enter the difference in the appropriate column(s) of							
	business, profession or farm, enter aggregate number not enter a number less than zero. Do not include a							
4	Line b as a deduction in Part V.		part or the sus	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ss enpenses enter ea en			
			Debtor		Spouse			
	a. Gross receipts	\$		00				
	b. Ordinary and necessary business expenses c. Business income	\$	otract Line b fro)0 L		\$	0.00	\$
	Rent and other real property income. Subtract L					Ψ	0.00	Ψ
	the appropriate column(s) of Line 5. Do not enter a							
	part of the operating expenses entered on Line b							
5			Debtor		Spouse			
	a. Gross receiptsb. Ordinary and necessary operating expenses	\$		00 00				
	b. Ordinary and necessary operating expenses c. Rent and other real property income		otract Line b fro			\$	0.00	\$
6	Interest, dividends, and royalties.	Duc	Suude Bille e 110			\$	0.00	
7	Pension and retirement income.					\$	0.00	•
	Any amounts paid by another person or entity, o	n a	rogular basis	for	the household	Ψ	0.00	Ψ
	expenses of the debtor or the debtor's dependent							
8	purpose. Do not include alimony or separate maint	enai	nce payments or	r am	ounts paid by your			
	spouse if Column B is completed. Each regular pay if a payment is listed in Column A, do not report the	yme	nt should be rep	orte	ed in only one column;	\$	0.00	\$
	Unemployment compensation. Enter the amount i					Ψ	0.00	Ψ
	However, if you contend that unemployment compe							
9	benefit under the Social Security Act, do not list the		ount of such co	mpe	ensation in Column A			
9	or B, but instead state the amount in the space below	w:						
	Unemployment compensation claimed to be a benefit under the Social Security Act Debtor	\$	0.00	Spo	use \$	\$	0.00	\$
	Income from all other sources. Specify source and	d an	nount. If necess	ary.	, list additional sources			
	on a separate page. Do not include alimony or sep							
	spouse if Column B is completed, but include all maintenance. Do not include any benefits received							
	received as a victim of a war crime, crime against h							
10	domestic terrorism.							
		<u></u>	Debtor		Spouse			
	a. b.	\$			\$ \$			
		Φ			Ψ	_		Ф
	Total and enter on Line 10	\ /=:				\$	0.00	\$
11	Subtotal of Current Monthly Income for § 707(b Column B is completed, add Lines 3 through 10 in 6					\$	6,250.00	\$

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$		6,250.00
	Part III. APPLICATION OF § 707(b)(7) EXCLUSIO	N		
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the enter the result.	e number 12 and	\$	75,000.00
14	Applicable median family income. Enter the median family income for the applicable state and I (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankr			
	a. Enter debtor's state of residence: PA b. Enter debtor's household size:	2	\$	56,690.00
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.			
15	☐ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VIII.		does n	ot arise" at the
	■ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts	of this statement.		

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Part IV. CALCUL	ATION OF CUI	RRENT	MONTHLY INCOM	IE FOR § 707(b)(2	2)	
16	Enter the amount from Line 12.					\$	6,250.00
17	Marital adjustment. If you check Column B that was NOT paid on a dependents. Specify in the lines be spouse's tax liability or the spouse's amount of income devoted to each not check box at Line 2.c, enter zer	regular basis for the ow the basis for excl support of persons opurpose. If necessary	househo uding th other than	Id expenses of the debtor or e Column B income (such as to the debtor or the debtor's d	the debtor's s payment of the lependents) and the		
1,	a. b. c. d. Total and enter on Line 17			\$ \$ \$ \$		\$	0.00
18	Current monthly income for § 70	7(b)(2). Subtract Lin	ne 17 fro	m Line 16 and enter the resu	ılt.	\$	6,250.00
	Part V. C	ALCULATION	OF DI	EDUCTIONS FROM	INCOME	1	
				s of the Internal Revenu			
19A	Standards for Food, Clothing and C at www.usdoj.gov/ust/ or from the that would currently be allowed as dependents whom you support.	clerk of the bankrupt	cy court.) The applicable number of	persons is the number	\$	1,092.00
19B	National Standards: health care. Out-of-Pocket Health Care for pers Out-of-Pocket Health Care for pers www.usdoj.gov/ust/ or from the cle who are under 65 years of age, and older. (The applicable number of p be allowed as exemptions on your you support.) Multiply Line a1 by Line c1. Multiply Line a2 by Line c2. Add Lines c1 and c2 to obtain a Persons under 65 year a1. Allowance per person	ons under 65 years of ons 65 years of age of the bankruptcy lenter in Line b2 the ersons in each age can rederal income tax relations b1 to obtain a total are total health care among of age	f age, an or older. court.) I applicable tegory is turn, plu tal amounount fo	d in Line a2 the IRS National (This information is available). Enter in Line b1 the applicable number of persons who at the number in that category is the number of any additionant for persons under 65, and repersons 65 and older, and of	al Standards for le at ble number of persons are 65 years of age or that would currently hal dependents whom denter the result in enter the result in Line 3.		
	b1. Number of persons		b2.	Number of persons	0		
	c1. Subtotal	120.00		Subtotal	0.00	\$	120.00
	Local Standards: housing and ut Utilities Standards; non-mortgage of available at www.usdoj.gov/ust/ or	expenses for the appli	icable co	unty and family size. (This	information is		

20B	Local Standards: housing and utilities; mortgage/rent expense. En Housing and Utilities Standards; mortgage/rent expense for your coun available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of the number that would currently be allowed as exemptions on your feed any additional dependents whom you support); enter on Line b the total debts secured by your home, as stated in Line 42; subtract Line b from not enter an amount less than zero.	by and family size (this information is burt) (the applicable family size consists of deral income tax return, plus the number of all of the Average Monthly Payments for any		
	a. IRS Housing and Utilities Standards; mortgage/rental expense b. Average Monthly Payment for any debts secured by your	\$ 1,478.00		
	home, if any, as stated in Line 42	\$ 1,707.95		
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$	0.00
21	Local Standards: housing and utilities; adjustment. If you contend 20B does not accurately compute the allowance to which you are entit Standards, enter any additional amount to which you contend you are contention in the space below:	led under the IRS Housing and Utilities	\$	0.00
	Local Standards: transportation; vehicle operation/public transpo	rtation evnense		
22A	You are entitled to an expense allowance in this category regardless of a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expension included as a contribution to your household expenses in Line 8.	whether you pay the expenses of operating		
	$\square 0 \square 1 \square 2$ or more.			
	If you checked 0, enter on Line 22A the "Public Transportation" amout Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/ or	Operating Costs" amount from IRS Local applicable Metropolitan Statistical Area or	\$ 2	299.00
22B	Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that you public transportation expenses, enter on Line 22B the "Public Transtandards: Transportation. (This amount is available at www.usdoj.go.court.)	ou are entitled to an additional deduction for asportation" amount from IRS Local	\$	0.00
	Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an owners vehicles.) 1 2 or more.			
23	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 1, as stated in Lir the result in Line 23. Do not enter an amount less than zero.	ourt); enter in Line b the total of the Average	,	
	a. IRS Transportation Standards, Ownership Costs	\$ 517.00		
	Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 42	\$ 0.00		
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$ 5	517.00
24	Local Standards: transportation ownership/lease expense; Vehicle the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 2, as stated in Linthe result in Line 24. Do not enter an amount less than zero.	IRS Local Standards: Transportation ourt); enter in Line b the total of the Average	,	
	a. IRS Transportation Standards, Ownership Costs	\$ 0.00]	
	Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 42	\$ 0.00		
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$	0.00
25	Other Necessary Expenses: taxes. Enter the total average monthly exstate and local taxes, other than real estate and sales taxes, such as inconsecurity taxes, and Medicare taxes. Do not include real estate or sale	ome taxes, self employment taxes, social	\$ 1,6	690.00

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26	deductions the	sary Expenses: involuntary deductions f at are required for your employment, such de discretionary amounts, such as volun	as retirement contribution	ns, union dues, a		\$ 0.00
27	life insurance	sary Expenses: life insurance. Enter tota for yourself. Do not include premiums to m of insurance.				\$ 0.00
28	pay pursuant	sary Expenses: court-ordered payments. to the order of a court or administrative agments on past due obligations included in	ency, such as spousal or c			\$ 0.00
29	Enter the total and for educa	cary Expenses: education for employment average monthly amount that you actuall tion that is required for a physically or mewiding similar services is available.	y expend for education that	at is a condition	of employment	\$ 0.00
30		cary Expenses: childcare. Enter the total ch as baby-sitting, day care, nursery and p				\$ 0.00
31	health care th	cary Expenses: health care. Enter the tot at is required for the health and welfare of baid by a health savings account, and that inents for health insurance or health savings.	yourself or your dependers in excess of the amount	nts, that is not re entered in Line	imbursed by	\$ 0.00
32	actually pay f pagers, call w	cary Expenses: telecommunication services or telecommunication services other than a sating, caller id, special long distance, or is tof your dependents. Do not include any	your basic home telephonenternet service - to the ext	e and cell phone tent necessary fo	service - such as	\$ 100.00
33	Total Expens	ses Allowed under IRS Standards. Enter	r the total of Lines 19 thro	ough 32.		\$ 4,402.00
		Note: Do not include any expance, Disability Insurance, and Health Section on the section of the	Savings Account Expense	e listed in Lines. List the mon	thly expenses in	
34		lth Insurance	\$	465.00		
		ability Insurance	\$	0.00		
		lth Savings Account	\$	0.00		\$ 465.00
	Total and ente		 			
	If you do not below:	actually expend this total amount, state	your actual total average	monthly expend	itures in the space	
35	Continued co	ontributions to the care of household or you will continue to pay for the reasonabled member of your household or member of	e and necessary care and	support of an eld	lerly, chronically	\$ 0.00
36	actually incur	gainst family violence. Enter the total averaged to maintain the safety of your family uple federal law. The nature of these expens	inder the Family Violence	Prevention and	Services Act or	\$ 0.00
		costs. Enter the total average monthly ar				
37	trustee with	Housing and Utilities, that you actually exdocumentation of your actual expenses, asonable and necessary.				\$ 0.00

38	Education expenses for dependent chil actually incur, not to exceed \$156.25* pe school by your dependent children less ti documentation of your actual expense necessary and not already accounted f	er child, for attendance at a private of than 18 years of age. You must pro s, and you must explain why the a	or public elementary o vide your case truste	or secondary ee with	\$	0.00
39	Additional food and clothing expense. expenses exceed the combined allowanc Standards, not to exceed 5% of those corror from the clerk of the bankruptcy courreasonable and necessary.	es for food and clothing (apparel annbined allowances. (This information	d services) in the IRS on is available at www	National w.usdoj.gov/ust/	\$	0.00
40	Continued charitable contributions. E financial instruments to a charitable orga			e form of cash or	\$	100.00
41	Total Additional Expense Deductions 	under § 707(b). Enter the total of I	Lines 34 through 40		\$	565.00
	Su	bpart C: Deductions for De	bt Payment			
42	Future payments on secured claims. F own, list the name of the creditor, identification check whether the payment includes taxe scheduled as contractually due to each S case, divided by 60. If necessary, list ad Payments on Line 42. Name of Creditor	by the property securing the debt, stees or insurance. The Average Month ecured Creditor in the 60 months for	ate the Average Montally Payment is the total of the filing of the Enter the total of the Average Monthly	hly Payment, and al of all amounts he bankruptcy Average Monthly		
		Residential property located at 228 Ballymore Rd, Springfield, PA 19064	\$ 1,707.95 Total: Add Lines		\$	1,707.95
43	Other payments on secured claims. If motor vehicle, or other property necessary your deduction 1/60th of any amount (the payments listed in Line 42, in order to measure in default that must be paid in order the following chart. If necessary, list additional that the payments of Creditor aNONE-	ry for your support or the support o e "cure amount") that you must pay aintain possession of the property.' r to avoid repossession or foreclosu	f your dependents, yo the creditor in addition. The cure amount wou ire. List and total any	u may include in on to the ld include any such amounts in the Cure Amount		
			•	otal: Add Lines	\$	0.00
44	Payments on prepetition priority clain priority tax, child support and alimony c not include current obligations, such a	laims, for which you were liable at			\$	23.07
	Chapter 13 administrative expenses. In chart, multiply the amount in line a by the					
45	issued by the Executive Office f information is available at www the bankruptcy court.)	ict as determined under schedules or United States Trustees. (This .usdoj.gov/ust/ or from the clerk of	X Total Muliigly Lin	8.40	•	0.00
16	c. Average monthly administrative		Total: Multiply Lin	es a and b	\$	
46	Total Deductions for Debt Payment. E				\$	1,731.02
		opart D: Total Deductions f			1.	
47	Total of all deductions allowed under				\$	6,698.02
		TERMINATION OF § 707(I		ΓΙΟΝ		
48	Enter the amount from Line 18 (Curre	ent monthly income for § 707(b)(2	2))		\$	6,250.00

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

	Enter the amount from Line 47 (Total of all deductions allow	ed under § 707(b)(2))	\$ 6,698.02
50	Monthly disposable income under § 707(b)(2). Subtract Line 4	9 from Line 48 and enter the result.	\$ -448.02
51	60-month disposable income under § 707(b)(2). Multiply the a result.	mount in Line 50 by the number 60 and enter the	\$ -26,881.20
	Initial presumption determination. Check the applicable box a	nd proceed as directed.	
52	■ The amount on Line 51 is less than \$7,475*. Check the box statement, and complete the verification in Part VIII. Do not complete the verification in Part VIII.		age 1 of this
32	☐ The amount set forth on Line 51 is more than \$12,475* Ch statement, and complete the verification in Part VIII. You may a		
	☐ The amount on Line 51 is at least \$7,475*, but not more the	nan \$12,475*. Complete the remainder of Part VI (L	Lines 53 through 55).
53	Enter the amount of your total non-priority unsecured debt		\$
54	Threshold debt payment amount. Multiply the amount in Line	53 by the number 0.25 and enter the result.	\$
	Secondary presumption determination. Check the applicable l	oox and proceed as directed.	
55	1 of this statement, and complete the verification in Part VIII. ☐ The amount on Line 51 is equal to or greater than the amount of page 1 of this statement, and complete the verification in Part		ion arises" at the top
		· · ·	
	Part VII. ADDITIONA Other Expenses. List and describe any monthly expenses, not or you and your family and that you contend should be an additional part of the content of	L EXPENSE CLAIMS therwise stated in this form, that are required for the deduction from your current monthly income under	er §
	Part VII. ADDITIONA Other Expenses. List and describe any monthly expenses, not o	L EXPENSE CLAIMS therwise stated in this form, that are required for the deduction from your current monthly income under	er §
56	Part VII. ADDITIONA Other Expenses. List and describe any monthly expenses, not or you and your family and that you contend should be an additional 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a sep-	L EXPENSE CLAIMS therwise stated in this form, that are required for the deduction from your current monthly income under	er § monthly expense for
56	Part VII. ADDITIONA Other Expenses. List and describe any monthly expenses, not o you and your family and that you contend should be an additiona 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a sepeach item. Total the expenses. Expense Description a.	L EXPENSE CLAIMS therwise stated in this form, that are required for the all deduction from your current monthly income undurate page. All figures should reflect your average and Monthly Amounts	er § monthly expense for
56	Part VII. ADDITIONA Other Expenses. List and describe any monthly expenses, not o you and your family and that you contend should be an additiona 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a sepeach item. Total the expenses. Expense Description a. b.	L EXPENSE CLAIMS Therwise stated in this form, that are required for the all deduction from your current monthly income undurate page. All figures should reflect your average and Monthly Amounts Monthly Amounts	er § monthly expense for
56	Part VII. ADDITIONA Other Expenses. List and describe any monthly expenses, not o you and your family and that you contend should be an additiona 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a sepeach item. Total the expenses. Expense Description a. b. c.	L EXPENSE CLAIMS Therwise stated in this form, that are required for the all deduction from your current monthly income undurate page. All figures should reflect your average of Monthly Amounts Monthly Amounts	er § monthly expense for
56	Part VII. ADDITIONA Other Expenses. List and describe any monthly expenses, not or you and your family and that you contend should be an additional 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a septeach item. Total the expenses. Expense Description a. b. c. d.	L EXPENSE CLAIMS therwise stated in this form, that are required for the all deduction from your current monthly income underrate page. All figures should reflect your average to Monthly Amounts Monthly Amounts	er § monthly expense for
56	Part VII. ADDITIONA Other Expenses. List and describe any monthly expenses, not o you and your family and that you contend should be an additiona 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a sepeach item. Total the expenses. Expense Description a. b. c.	L EXPENSE CLAIMS therwise stated in this form, that are required for the all deduction from your current monthly income underrate page. All figures should reflect your average to Monthly Amounts Monthly Amounts	er § monthly expense for
56	Part VII. ADDITIONA Other Expenses. List and describe any monthly expenses, not or you and your family and that you contend should be an additional 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a septeach item. Total the expenses. Expense Description a. b. c. d.	L EXPENSE CLAIMS Therwise stated in this form, that are required for the all deduction from your current monthly income undurate page. All figures should reflect your average to the state of the stat	er § monthly expense for
56	Part VII. ADDITIONA Other Expenses. List and describe any monthly expenses, not or you and your family and that you contend should be an additional 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a sepeach item. Total the expenses. Expense Description a. b. c. d. Total: Add Lines a	L EXPENSE CLAIMS therwise stated in this form, that are required for the all deduction from your current monthly income undurate page. All figures should reflect your average of the state of the stat	er § monthly expense for

(Debtor)

^{*} Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.